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Conisbrough Urban District Council

REPORT

ON THE

Health of the District

DURING THE YEAR ENDING

DECEMBER 31st, 1953

by

Dr. JOHN LEIPER, M.B.E.,
Medical Officer of Health

together with the

Report of the Chief Sanitary
Inspector

Mr. R. E. INGLEBY.



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CONISBROUGH URBAN DISTRICT COUNCIL

MEMBERS, 1953

Public Health Committee:

Chairman of the Council:

Councillor J. T. E. COLLINS, J.P.

Vice-Chairman of the Council:

Councillor T. DAVEY

Chairman of the Public Health Committee:

Councillor R. H. SHEPHARD

Councillors:

G. CHESHIRE	H. S. PEET
P. E. DYSON	J. PRENDERGAST
H. GOMERSALL	(County Councillor)
G. GUEST	B. ROBERTS, J.P.
T. HILL	(County Alderman)
I. HOUGHTON	R. SCURFIELD
D. SHELDON	H. WILLIAMS

Medical Officer of Health:

JOHN LEIPER, M.B.E., ^{MB.}Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health:

B. R. A. DEMAINE, M.B., Ch.B., D.P.H.

Chief Sanitary Inspector and Director of Public Cleansing:

R. E. INGLEBY, A.R.S.I., M.S.I.A., R.P.C.

Certified Inspector of Meat and Other Foods:

Additional Sanitary Inspector:

K. C. McCUTCHEON, Cert. S.I.B., M.S.I.A.

Conisbrough Urban District Council.

ANNUAL REPORT of the MEDICAL OFFICER OF HEALTH FOR THE YEAR 1953.

Divisional Public Health Office,
Council Offices,
Adwick Road,
Mexborough.

Mr. Chairman and Gentlemen,

In presenting my Annual Report for the year 1953, it is indeed pleasant for me to point out that the Infant Mortality Rate during this year was easily the lowest ever recorded in the District at 16·6 per 1,000 associated live births. This must make gratifying reading to the older members amongst you who can well remember during the course of their public life being, not so long ago, concerned with the high Infant Death Rate of over 200 per 1,000 live births.

Again, thinking back to the past it is gratifying to see that another year has occurred without a case of nor a death from Diphtheria, and also that the total number of deaths of all ages occurring in your District was amongst the lowest ever recorded in any single year. However, the sombre fact is to be noted that the deaths from Cancer are tending to increase steadily each year—it may well be argued that this is due to the differing age structure of the population where more elderly people are at risk. I would, however, also like to point out that the gross atmospheric pollution—which I hazard a guess is falling on to your District at an annual rate of about 250 tons for every square mile—is associated with the increasing and high number of deaths from Malignant Disease.

I am indeed glad that during the year you passed a Resolution to buy the necessary equipment to estimate the atmospheric pollution, both solids and gases, and that by the end of the year arrangements were being made to purchase this equipment.

During the year it has been noticed that in most of the houses in Denaby Main there are now facilities for the provision of domestic hot water and baths.

Approved patterns of kitchen and room fireplaces have been installed in large numbers at Denaby Main by the National Coal Board, and it appears to me that too much coal is being burned in these modern fireplaces and that accordingly the fire-brick is being burned out quicker than it should. This also tends to happen in the modern type of Council house with approved types of grate, where there is concessionary coal.

There was no outbreak of Food Poisoning within the District, although there was infection with a food poisoning organism of four families in the District during the year. The source of this infection was clearly shown, in my opinion, to come from outside the Area. Investigations were carried out and advice given to the members of these families concerned by the Sanitary Inspector and his Staff, who also issued disinfectant. Additionally the family doctors were informed of all the moves.

It is indeed a reflection on the constant supervision of Mr. Ingleby and his department that there has not been any outbreak either from this source or otherwise during the year.

The co-operation with my colleagues in General Practice has been excellent during the year, and personally I feel that there are many medical and social problems in every-day life which the family doctor cannot solve alone and which we in public health cannot solve alone, but there are very few problems which when we get together cannot be solved jointly.

I think that the personal health services have been steadily efficient during the year, but I would like to put one word of warning to you at this stage. The difficulties that I am finding regarding the control of Tuberculosis are great indeed, and I should be glad if there was less secrecy and tendency to be ashamed by persons suffering from this disease. It is eminently curable, but I do think that the control of spread of infection of Tuberculosis at the present time is only secondary to the prevention of infant wastage, when reviewing the whole field of our endeavours in the Preventive Medical Service.

The year marked the end of Mr. Birch's Clerkship to your Authority, and after so many years' service we all wish him good health and many years to enjoy it.

Mr. Edwardson, his successor has already shown me great co-operation and help, as indeed have all other officials of the Council.

The easy working and smooth efficiency of Mr. Ingleby and his department has come as a matter of day to day routine and has been of the greatest of help.

Finally I wish to thank the Divisional Medical Office Staff for their efficiency during the year and their help in the compilation of this Report.

I remain,

Your obedient Servant

JOHN LEIPER,

Medical Officer of Health,
Conisbrough Urban District Council.

SECTION A.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	...	...	...	...	...	...	1,593
Registrar General's estimate of Resident Population							
mid-1953	...	...	...	...	...	...	16,580
Number of inhabited houses (31st December, 1953)						...	4,431
Rateable Value	...	...	...	...	...	...	£61,993
Net Product of a Penny Rate			...	...	...	...	£232
Height above sea level (in feet)	...	...	...	...	...	...	25-275

Conisbrough is a highly industrialised township in which the main industry is deep seam coal mining, and the main historical feature is the ancient castle which dominates the eastern end of the District.

The general housing provision in Conisbrough can roughly be divided into three categories, an admixture of old property near the castle, colliery rows in Denaby Main which were built at the end of the last century and placed depressingly near each other, and modern estates of new Council houses well situated and with good amenities.

By reference to the Table below it will be seen that the resident population in 1953 according to the Registrar General's estimate has increased by 80 since 1952 and there are now 500 more residents than in 1946.

During the same period nearly 500 more inhabited houses have been provided, 200 of which have been occupied since 1951.

There was again an increase in the rateable value and net product of a penny rate, and the 1953 figures are the highest recorded since 1946.

Particulars of the estimated population, the number of inhabited houses and the rateable value of your township since 1946 are included in the Table below:—

CONISBROUGH URBAN DISTRICT

	1946	1947	1948	1949	1950	1951	1952	1953
Area (in acres)				1,593				
Registrar General's estimate of mid year population	16,080	16,190	16,530	16,680	16,660	16,450	16,500	16,580
No. of inhabited houses ..	3,972	4,002	4,080	4,100	4,187	4,244	4,346	4,431
Rateable Value (£'s)	56,664	56,306	57,213	58,964	58,964	59,420	60,281	61,993
Net product of a penny rate ..	210	210	215	218	221	226	227	232

Vital Statistics for 1953

				Males	Females	Total
Live Births: Legitimate	...	...	...	156	132	288
Illegitimate	...	...	...	7	7	14
				<hr/> 163	<hr/> 139	<hr/> 302

Stillbirths	...	...	...	10	—	10
Deaths of Infants under 1 year	...	...	...	2	3	5
Deaths (all ages)	...	...	...	82	76	158
Birth Rate per 1,000 of the estimated resident population—						
(Crude)	...	...	...	...	...	18.2
(Corrected)	...	...	...	...	...	18.9
(Comparability factor 1.04)						

Stillbirths—Rate per 1,000 Births (live and still)	...	...	32.1
Crude Death Rate per 1,000 estimated population	...	...	9.5
Corrected Figure (comparability figure 1.25)	...	...	11.9

Deaths from Puerperal Causes:

	Deaths	Death Rate per 1,000 total (live and still) Births
Pregnancy, Childbirth, Abortion	Nil	Nil

Death Rate of Infants under One Year of Age:

All Infants per 1,000 live births	...	...	...	...	16·6
Legitimate infants per 1,000 legitimate live births	...	...	...	...	17·4
Illegitimate infants per 1,000 illegitimate live births	...	...	...	...	00·00

Deaths from:

Cancer (all ages)	...	...	...	...	...	33
Measles (all ages)	...	...	...	...	...	Nil
Whooping Cough (all ages)	...	...	...	...	...	Nil
Diarrhœa (under 2 years of age)	...	...	...	...	...	Nil
Pulmonary Tuberculosis (all ages)	...	...	...	...	...	5
Other Forms of Tuberculosis (all ages)	...	...	...	...	...	Nil

The figure of 302 live births recorded during 1953 is slightly lower than in 1952 when 323 births were registered, and this figure continues to be lower than the average number of live births recorded in Conisbrough since the end of the last war.

I am pleased to report a decrease during 1953 in the number of stillbirths recorded, but the Still Birth Rate at 32·1 per 1,000 live and still births is still higher than that for England and Wales, which was 22·4 in 1953.

Only 5 deaths of infants under one year were recorded in 1953, half the number reported the previous year, which, up to that time was numerically the lowest on record. Despite the decrease in the number of live births, the Infant Death Rate per 1,000 related live births, i.e., 16·6, is easily the lowest ever recorded in your District, and reflects great credit on all concerned.

No fatal cases of Whooping Cough or Measles occurred in your District during the past year, nor were any deaths recorded from Diarrhœa in children under two years of age.

There was an increase of one death from Pulmonary Tuberculosis compared with 1952, but with no deaths from other forms of Tuberculosis, I am satisfied that measures which have been taken to prevent the spread of this disease are meeting with success.

Deaths from Cancer continue to increase, there being 33 fatal cases in 1953 compared with 29 in 1952 and 24 in 1951. As I am of the opinion that these deaths are not unassociated with the presence of atmospheric pollution in your District and reflect upon the increase in the number of aged persons, I am including a further summary of the causes of death from Malignant Disease recorded since 1948:—

Deaths from Cancer

	1948	1949	1950	1951	1952	1953
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
Malignant Neoplasm Buccal cavity and Oesophagus (M)	1 —	— —	— —	— —	— —	— —
Malignant Neoplasm Uterus (F)	— 2	— 2	— —	— 2	— —	— 4
Malignant Neoplasm Stomach and Duodenum	1 2	7 3	7 2	4 3	6 1	3 6
Malignant Neoplasm Breast ..	— 5	— 1	— —	— —	— 2	— 1
Malignant Neoplasm Lung, Bronchus	— —	— —	2 —	7 —	2 —	4 —
Malignant Neoplasm all other sites	5 8	7 5	7 11	3 5	11 7	7 8
TOTALS	7 17	14 11	16 13	14 10	19 10	14 19

Deaths from all Causes during 1953

Cause of Death	Males	Females
1. Tuberculosis, respiratory	5	-
2. Tuberculosis, other	-	-
3. Syphilitic disease	-	-
4. Diphtheria	-	-
5. Whooping Cough	-	-
6. Meningococcal infections	-	-
7. Acute Poliomyelitis	-	-
8. Measles	-	-
9. Other infective and parasitic diseases	-	-
10. Malignant neoplasm, stomach	3	6
11. Malignant neoplasm, lung, bronchus	4	-
12. Malignant neoplasm, breast	-	1
13. Malignant neoplasm, uterus	-	4
14. Other malignant and lymphatic neoplasms	7	8
15. Leukæmia, aleukæmia	-	-
16. Diabetes	-	1
17. Vascular lesions of nervous system	6	4
18. Coronary disease, angina	10	5
19. Hypertension with heart disease	-	1
20. Other heart disease	17	27
21. Other circulatory disease	3	2
22. Influenza	-	-
23. Pneumonia	1	2
24. Bronchitis	5	1
25. Other diseases of respiratory system	2	2
26. Ulcer of stomach and duodenum	1	1
27. Gastritis, Enteritis and Diarrhœa	-	-
28. Nephritis and Nephrosis	1	-

Cause of Death				Males	Females
29.	Hyperplasia of prostate	...	...	1	-
30.	Pregnancy, childbirth, abortion	...	...	-	-
31.	Congenital Malformations	...	...	1	-
32.	Other defined and ill-defined diseases	...	...	7	6
33.	Motor vehicle accidents	...	...	-	-
34.	All other accidents	...	...	8	4
35.	Suicide	...	...	-	1
36.	Homicide and operations of war	...	...	-	-
Total from all causes				82	76

It will be seen from the above that Diseases of the Heart and Blood Vessels (75 deaths), Malignant Disease (33 deaths), and Accidents (12 deaths) and Bronchitis and Pneumonia (9 deaths), continue to be the main causes of death in your District.

As in the cases of death from Malignant Diseases, upon which I have previously commented in this Report, I am of the opinion that some of the deaths from Bronchitis and Pneumonia and Diseases of the Heart and Blood Vessels could be related to the heavy atmospheric pollution, especially prevalent during the foggy period in the winter months.

The total number of deaths at 158 is only 1 higher than the number recorded in 1951, and is the second lowest recorded since 1946.

Details of the number of deaths recorded and the Crude Death Rates since 1944 are shown in the Table below:—

Year	Est. Mid-yr. Population	Total No. of Deaths	Crude Death Rate
1944	15,390	173	11·2 per 1,000
1945	15,520	205	12·5 „
1946	15,860	151	9·3 „
1947	16,190	211	13·0 „
1948	16,530	170	10·3 „
1949	16,680	161	9·6 „
1950	16,660	182	10·9 „
1951	16,450	187	11·4 „
1952	16,500	157	9·5 „
1953	16,580	158	9·5 „

Finally I append below a comparison of the various rates in your District against the rates for England and Wales, the 160 County Boroughs and Great Towns, 160 Smaller Towns and the London Administrative County:—

		England and Wales	160 C.B.'s and Great Towns (including London)	160 Smaller Towns (Res. Pop. 25,000-50,000 at 1951 Census)	London Administrative County	Conisbrough Urban District
Rates per 1,000 Home Population						
Births:						
Live births	.. ..	15.5	17.0	15.7	17.5	18.90
Still births	.. ..	0.35	0.43	0.34	0.38	0.60
		22.4 (a)	24.8 (a)	21.4 (a)	21.0 (a)	32.0 (a)
Deaths:						
All Causes	.. ..	11.4	12.2	11.3	12.5	11.9
Typhoid and para- typhoid	.. ..	0.00	0.00	—	—	0.00
Whooping cough	.. ..	0.01	0.01	0.00	0.00	0.00
Diphtheria	.. ..	0.00	0.00	0.00	—	0.00
Tuberculosis	.. ..	0.20	0.24	0.19	0.24	0.30
Influenza	.. ..	0.16	0.15	0.17	0.15	0.00
Smallpox	.. ..	0.00	0.00	0.00	—	0.00
Acute poliomyelitis (including polio- encephalitis)	.. ..	0.01	0.01	0.01	0.01	0.00
Pneumonia	.. ..	0.55	0.59	0.52	0.64	0.18
Notifications (corrected)						
Typhoid fever	.. ..	0.00	0.00	0.00	0.01	0.00
Paratyphoid fever	.. ..	0.01	0.01	0.01	0.01	0.00
Meningococcal infection	.. ..	0.03	0.04	0.03	0.03	0.06
Scarlet Fever	.. ..	1.39	1.50	1.44	1.02	1.86
Whooping cough	.. ..	3.58	3.72	3.38	3.30	2.35
Diphtheria	.. ..	0.01	0.01	0.01	0.00	0.00
Erysipelas	.. ..	0.14	0.14	0.13	0.12	0.00
Smallpox	.. ..	0.00	0.00	0.00	—	0.00
Measles	.. ..	12.36	11.27	12.32	8.09	13.08
Pneumonia	.. ..	0.84	0.92	0.76	0.73	0.30
Acute poliomyelitis (including polio- encephalitis)—						
Paralytic	.. ..	0.07	0.06	0.06	0.07	0.00
Non-paralytic	.. ..	0.04	0.03	0.04	0.03	0.00
Food poisoning	.. ..	0.24	0.25	0.24	0.38	0.24
Puerperal pyrexia	.. ..	18.23 (a)	24.3 (a)	12.46 (a)	28.61 (a)	19.86 (a)
Rates per 1,000 Live Births						
Deaths:						
All causes under 1 year of age	.. ..	26.8 (b)	30.8	24.3	24.8	16.5
Enteritis and diarrhoea under 2 years of age		1.1	1.3	0.9	1.1	0.00

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related live births.

Maternal Mortality

Rates per 1,000
Total (Live and
Still) Births

Pregnancy, Childbirth, Abortion—England and Wales	...	...	...	...	...	0.76
Pregnancy, Childbirth, Abortion—Conisbrough Urban District	...	...	...	...	...	0.00

The following Table compares the rates and statistics for your District with those for the aggregate of Urban Districts in the West Riding and for the Administrative County of the West Riding as a whole:—

CONISBROUGH URBAN DISTRICT

DISTRICT	Estimated Home Population (Middle 1953)	Births			Deaths			Deaths under 1			Still Births		
		M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
Conisbrough U. . .	16,580	163	139	302	82	76	158	2	3	5	10	—	10
Aggregate of Urban Districts in the West Riding . . .	1,158,200	9296	8499	17795	7577	6885	14462	295	197	492	261	196	457
Administrative County of the West Riding	1,592,600	13026	12000	25026	9799	8705	18504	426	307	753	358	275	633

DISTRICT	CRUDE RATES PER 1,000 POPULATION													
	Total Live and Still Births	Births	Deaths	Infective and Para. Dis. excl. Tub. but incl. Syph. and other V.D.	Tuberculosis Respiratory	Tuberculosis Other	Tuberculosis All Forms	Cancer	Vascular Lesions of the Nervous System	Heart and Circulatory	Respiratory Diseases	Maternal Mortality	Infant Mortality	Stillbirth
Conisbrough U. . .	312	18.2	9.5	—	0.30	—	0.30	1.99	0.60	3.92	0.78	—	16.6	32.1
Aggregate of Urban Districts in the West Riding . . .	18252	15.4	12.5	0.09	0.17	0.02	0.19	1.99	1.96	4.63	1.39	0.38	27.6	25.0
Administrative County of the West Riding	25659	15.7	11.6	0.08	0.16	0.02	0.18	1.88	1.76	4.26	1.30	0.51	29.3	24.7

* Rate per 1,000 live and stillbirths. † Rate per 1,000 related live births.

The preceding Tables show that in your District the Live Birth Rate, the Still Birth Rate and the Death Rate from all causes were slightly higher than the corresponding rates for England and Wales, but the Crude Death Rate is lower than that for the Administrative County of the West Riding.

The rates for notifications of infectious diseases compare favourably with those for England and Wales with the exception of Meningococcal Infection, Scarlet Fever and Measles.

Infant Mortality Rate

The following Table gives details of Live Births, Still Births and Deaths of Infants under One Year in your District from 1938:—

Year	CONISBROUGH U.D.		
	Live Births for Birth Rate	Total Still Births	Total deaths of infants under 1 yr.
1938	352	17	25
1939	325	13	26
1940	326	5	18
1941	346	8	24
1942	333	9	24
1943	337	20	21
1944	381	7	18
1945	338	13	28
1946	404	9	17
1947	448	10	33
1948	408	12	24
1949	356	8	11
1950	332	8	13
1951	299	9	14
1952	323	14	10
1953	302	10	5

Since Divisionalisation in 1949 the Infant Mortality Rate in your District has been as follows:—

1949	1950	1951	1952	1953
<hr/> 30.9	<hr/> 39	<hr/> 47	<hr/> 30.9	<hr/> 16.6
(per 1,000 related live births)				

In previous Reports I have reiterated that owing to the statistically low number of births occurring in your District during any one year, sudden variations in the Infant Death Rate will naturally occur, but from the above figures I think it can be reasonably concluded that the Infant Mortality Rate is steadily being lowered.

The Table below compares the aggregate number of Live Births, Still Births and Deaths of Infants under 1 year, occurring in the five years immediately preceding Divisionalisation and the five years since 1949, together with the average Still Birth and Infant Death Rates over these periods:—

CONISBROUGH

Period	Live Births for Birth Rate	Live Births for Infant Mortality Rate	Total Still Births	Total Deaths of Infants under 1 yr.	Still Birth Rate	Infant Death Rate
Five Years 1944-1948 (Inclusive)	1,979	1,979	51	120	25·1	60·6
Five Years 1949-1953 (Inclusive)	1,612	1,612	49	53	29·5	32·8

It will be noted that whereas the Infant Death Rate has nearly been halved, the Still Birth Rate in your District has actually worsened. This again emphasises the need for further advice in the group teaching of expectant mothers at Ante-Natal Clinics and on visits by the District Midwives.

The following Tables show the causes of death of the five infants who died under one year of age during 1953, the age at death, and also the time of year in which these deaths occurred. It will be noted that three of the five deaths occurred during the first week of life.

Infants Under One Year of Age, 1953

Cause of Death	AGE AT DEATH									
	Weeks				Months					
	Un- der 1	1-2	2-3	3-4	1-2	2-3	3-6	6-9	9-12	Total
Congenital Malformation ..	1									1
Atelectasis ..	1									1
Pneumonia ..	1					1				2
Bronchitis ..								1		1
TOTAL ..	3					1		1		5

Infant Deaths

January	2)	First Quarter 3
February	...	...	...	...	...	1)
March ...	...	...	...	...	...	-)
April)	Second Quarter 1
May ...	...	...	...	...	...
June ...	...	...	...	...	...	1)
July	-)	Third Quarter 1
August	...	...	...	...	...	1)
September	...	...	...	...	...	-)
October	-)	Fourth Quarter Nil
November	...	...	...	...	...	-)
December	...	...	...	...	...	-)

It is interesting to note that none of these babies died from Prematurity, which has hitherto been the main cause of death in infants under one year of age.

Maternal Mortality

It is again pleasing to report that no maternal deaths were reported in your District during 1953, and indeed only one such death has been registered in the Conisbrough Urban District in the last six years.

SECTION B

1. General Provision of Health Services for the Area

Full particulars of the Public Health Officers of your Authority are incorporated at the beginning of this Report for easy reference.

(a) Laboratory Facilities

Bacteriological examinations are carried out at the Medical Research Laboratory, Wakefield, which is under the direction of Dr. L. A. Little.

During the year copies of reports have been received in this office showing results in respect of the undermentioned:—

Infectious Diseases	...	...	...	90
Water Samples	...	...	...	48
Milk Tests	...	...	...	53
Tuberculosis Cultures	...	...	...	67
Ice Cream Sampling	...	...	...	37
				295

Samples of blood from expectant mothers for Rh factor and Kahn examination are despatched to the Regional Blood Transfusion Laboratory at Sheffield, which is under the direction of Dr. C. C. Bowley. It is estimated that over 400 samples are sent annually to the laboratory from the five Ante-Natal Clinics in this Division.

(b) Ambulance Facilities

Ambulance services for your Urban District are provided by the County Ambulance Officer and are centred on the Sub-Depot of the County Ambulance Service at Bentley, where eight vehicles are available. These services also cover adjacent areas.

(c) Nursing in the Home

In the year ended 31st December, 1953, Home Nurses working in your District made 16,553 visits to patients in their homes. In 1952, 1951 and 1950 the comparative figures were 14,761, 17,384 and 14,080.

In the whole of this Medical Division during 1953, District Nurses made 39,809 visits, and it will be seen, therefore, that the Home Nursing commitments in your District are particularly heavy.

The majority of cases were cardio-vascular degenerative diseases of the aged, but an increase was noted in the number of burns cases, which appear to be associated with the difficulty of providing adequate fireguards for use with the new type slow combustion ranges.

At the end of the year, two Queen's District Nurses and one State Registered Nurse were employed whole-time, and two State Registered Nurses undertook part-time duties in the Conisbrough District.

Additionally, with the appointment of a second Relief Nurse in this Division as a whole, one Relief Nurse was mainly employed in the Conisbrough Area.

It will be noted that the staffing position has improved since 1952, and this has been made possible by the generous action of your Council in providing a house on a tied-tenancy agreement for a Queen's District Nurse, who commenced duty in July, 1953.

Two Queen's Nurses used cars in the course of their duties.

The standard of work has been excellent, and is much appreciated by the public in general and by my colleagues in general practice.

(d) Treatment Centres and Clinics, including Clinics used solely for Diagnosis or Consultation.

Child Welfare Centre, Miners' Welfare Hall, Gardens Lane, Conisbrough.

Monday: 9.30 a.m. to 12 Noon—Minor Ailments Clinic.
2.00 p.m. to 4.30 p.m.—Infant Welfare Clinic.

Tuesday: 2.00 p.m. to 4.30 p.m.—Ante-Natal Clinic.

Thursday: 2.00 p.m. to 4.00 p.m.—Minor Ailments Clinic —
first and third weeks of the month.

Child Welfare Centre, Church Road, Denaby Main.

Monday: 9.30 a.m. to 12 Noon—Ultra-Violet Ray Clinic.

Tuesday: 9.30 a.m. to 12 Noon—Minor Ailments Clinic.
1.30 p.m. to 4.30 p.m.—Infant Welfare Clinic.

Wednesday: 9.30 a.m. to 12 Noon—Ante-Natal Clinic.

Thursday: 9.30 a.m. to 12 Noon—Minor Ailments Clinic.
1.30 p.m. to 4.30 p.m.—Ultra-Violet Ray Clinic.

In addition to the above, weekly classes are held by the Mental Health Home Teacher for training of mental defectives, and Ophthalmic Clinics are held about every three weeks at Denaby Main Child Welfare Centre.

Miss M. H. Platford is in charge of the Dental Clinic at the Denaby Main Child Welfare Centre, where dental treatment for expectant and nursing mothers and treatment for school children is provided throughout the week.

(e) Infant Welfare Clinics

Attendances at the Infant Welfare Clinics in your District during 1953 are shown below, and for comparison the corresponding figures for 1949, 1950, 1951 and 1952, are included:—

	1953	1952	1951	1950	1949
(a) Under 1 year of age ...	3,873	3,674	3,788	3,688	4,013
(b) Over 1 year of age ...	1,839	1,794	2,040	1,863	2,421

I am pleased to note an increase in attendances at the Clinics during 1953, although a decrease would have been expected in view of the fall in the number of Live Births registered during recent years.

Health Visitors are now placing greater emphasis on health teaching at the Clinics rather than purely treatment of children.

The Ultra-Violet Ray Lamp was again well used during the year and has proved beneficial to children from your area requiring a course of treatment.

In 1953, 82 sessions were held, at which 1,078 attendances were made, compared with 78 sessions in 1952 and 801 attendances.

(f) Ante-Natal Clinics

The Joint Appointment of a Medical Officer in charge of the Local Health Authority Ante-Natal Clinics, and Obstetrician at the Montagu Hospital, Mexborough, was resumed in January, 1953, when Dr. J. C. MacWilliam was appointed.

Dr. MacWilliam was in medical charge of the Ante-Natal Clinics at Denaby Main and Conisbrough Child Welfare Centres during the year, and 264 expectant mothers made a total of 1,554 visits to these Clinics.

Although these figures are lower than in 1952, approximately 85% of expectant mothers in your area attended the Ante-Natal Clinics provided by the Local Authority during the year.

(g) Chest Clinics

A new Chest Clinic with X-ray facilities situated at Whately House, Cemetery Road, Mexborough, was completed and staffed in the latter half of 1953, and the premises in Market Street, Mexborough, were then closed. Sessions are held each morning from Monday to Friday at the Chest Clinic and are under the supervision of Drs. F. C. N. Holden, Consultant Chest Physician, and Dr. R. L. Sadler, Assistant Chest Physician. A part-time Clinic Nurse is provided by the Regional Hospital Board, and a Health Visitor attends at each morning session.

Close liaison is maintained between your Medical Officer of Health, the Chief Sanitary Inspector and the medical staff of the Chest Clinic.

(h) Venereal Disease Clinic

A treatment and diagnostic clinic is held at 12, Frederick Street, Rotherham, and there are other centres at Doncaster, Barnsley and Sheffield.

(i) General Hospital Services

These are provided generally by the Montagu Hospital, Mexborough ; Fullerton Hospital, Denaby Main ; Moorgate Hospital, Rotherham ; and Beckett Hospital, Barnsley.

Liaison between the Local Health Authority and the Hospital Management Committee has been well maintained during the year.

(j) **Infectious Diseases Hospitals**

Cases of infectious diseases on your District requiring hospital isolation are admitted to the Doncaster Isolation Hospital or Kendray Isolation Hospital at Barnsley.

No difficulty has been experienced in obtaining accommodation for cases requiring hospital treatment during the year.

(k) **Maternity Hospitals**

The Maternity Block of the Montagu Hospital, Mexborough, Listerdale Maternity Home, and the Western Hospital, Balby, have all been available during the year 1953 for the accommodation of booked cases on a priority system of admission.

During 1953 there were 531 institutional births to mothers normally resident in the whole of this Medical Division, and 353 of these took place in the Montagu Hospital, Mexborough. The majority of the remaining cases occurred in the Western Hospital, Balby, Listerdale Maternity Home, Wickersley, and St. Helen Hospital, Barnsley.

2. Mental Health

The following are details of mental health patients in the Conisbrough Area during 1953:—

Training	... ..	2 attending Doncaster Occupation Centre.
Institutions and Vacancies		Vacancies required for 7 defectives.
West Riding Patients	...	37 under Statutory Supervision. 10 under Voluntary Supervision. 2 under Guardianship .
Hospital Board Patients	...	2 on Licence. 2 After-care Patients.

Mental Health — General

The year 1953 saw little change in the progress of this service in this Division. The need for an Occupation Centre or suitable facilities for training purposes is still the major problem to be faced.

I am, however, happy to report that a Home Teacher, whose duties are confined only to this Division, was appointed during the year, and it was possible to arrange weekly group training classes at the various Child Welfare Centres in the area. One such class is held at the Denaby Main Child Welfare Centre, from 1.30 p.m. to 3.30 p.m. on Friday afternoons, and defectives, whose ages range from 6 to 30 years are in attendance.

Difficulty is still being experienced in obtaining suitable work for mental health patients and there is need for sheltered employment in the Area.

Admissions to Institutions

For the third year in succession I have to report that there are still 7 patients residing in your Area who are awaiting institutional care.

After-Care-Service

The After-Care Service for patients discharged from Mental Hospitals is improving gradually, but with many changes in staff during 1953 these patients did not receive all the attention they might otherwise have received.

A Table setting out the position with regard to patients being supervised under the Mental Health Services in the Conisbrough Urban District is set out below:—

Mental Deficiency Acts, 1913-38

	Div. 30	Conisbrough U.D.
1. No. of defectives ascertained during 1953	8 (5)	2 (—)
Total No. of defectives ascertained ..	141 (135)	49 (46)
2. No. under Guardianship	6 (5)	2 (1)
No. under Statutory Supervision ..	110 (101)	37 (37)
No. under Voluntary Supervision ..	25 (23)	10 (7)
No. on licence from Institution ..	3 (1)	2 (1)
3. No. awaiting Institutional Vacancies	22 (15)	7 (7)
No. attending Doncaster Occupation Centre	9 (10)	2 (3)
No. being home trained	30 (11)	8 (3)
No. attending Group Training Classes	35 (24)	12 (8)
Reports made for Regional Hospital Boards (Institutional Patients) ..	17 (8)	6 (2)
After-care patients (Mental Hospital) under Section 28 of the National Health Service Act	13 (12)	2 (4)
Numbers in brackets are corresponding figures for 1952		

3. Maternity and Child Welfare

(i) Health Visiting

At the end of 1953 there were two fully qualified Health Visitors and two Assistant Health Visitors employed in your District, one of each being based on the two Child Welfare Centres.

The duty of the Health Visitor is essentially to teach, help and advise mothers as to the best means of promoting their own health and welfare and that of their families. With this being so there must needs be a link with the General Practitioner in the Area, and the liaison in your District in this respect is generally good. Where, however, the General Practitioner's work mainly brings him into homes where there is already sickness, the main concern of the Health Visitor is with families that are healthy and with keeping them healthy.

During 1953 Health Visitors in the whole of this Division made 37,077 visits to homes, an increase of over 7,000 visits compared with the previous year, and more than 11,000 visits over and above the figure for 1950. Of this high total Health Visitors working in the Conisbrough District made 10,546 home visits in 1953, an increase of more than 2,000 over 1952.

Undoubtedly the good results that have been obtained this year can be attributed in no small measure to the untiring work of the Health Visitor.

The Health Visitor is also concerned with following up families who present a social problem, and particularly neglectful mothers and bad home conditions which contribute to juvenile delinquency. In this respect quarterly meetings are held by me at Mexborough of a Committee whose function is to correlate information regarding children who may be ill-treated or neglected in their own homes, and the Health Visitors, who attends this meeting, is able to offer much valuable information.

During the course of their duties two Health Visitors used cars in your Area during 1953.

(ii) Domiciliary Midwives

Three Midwives, all in possession of motor cars, were employed in the Conisbrough Urban District at the end of 1953. They made a total of 3,095 ante-natal visits in the homes of expectant mothers in Conisbrough. Additionally, over 2,500 post-natal visits were made to mothers, including those who had been discharged from hospital before the fourteenth day.

The above visits are, of course, additional to those made during actual confinements.

The Midwife is the main person in charge of the expectant mother group, and in this respect there has been very good co-operation with General Practitioners in your Urban District.

The main advice offered by Midwives to expectant mothers concerned adequate diet, and the advantages which accrued from taking advantage of welfare preparations which were available, i.e., orange juice and vitamin tablets. The personal hygiene of an expectant mother is also an important factor, and it is noted that this has improved considerably in recent years.

I am very satisfied with the work that has been carried out by the Domiciliary Midwife during the year, and the results obtained would indicate that the advice offered by the Midwives has been readily accepted by the mothers.

(iii) Applications for Institutional Confinements

In the Conisbrough Urban District during the year, 141 applications for institutional confinements were received, and of these 116 were accepted.

Bookings were obtained for 85 expectant mothers at the Montagu Hospital, Mexborough, and the remaining cases were principally booked at the Western Hospital, Balby, and Listerdale Maternity Home, Wickersley. To ensure that the best use is made of available Maternity Hospital beds, institutional bookings are classified into priority groups. Of the 116 cases for which accommodation was obtained the priorities were classified as follows:—

- | | | | | |
|----|-------|----------|-----|---|
| 19 | cases | Priority | I | —on account of medical or obstetric reasons. |
| 75 | cases | Priority | II | —on account of poor social conditions in the home. |
| 22 | cases | Priority | III | —being expectant mothers about to have their first baby, or mothers having their 5th or subsequent child. |

The social conditions of some parts of your District are reflected in the fact that about 70% of all mothers having their babies in Maternity Hospitals did so because of poor home environment.

(iv) Gas and Air Analgesia

Seventy-six per cent. of all expectant mothers who were confined at home in your District during 1953 received Gas and Air Analgesia. As the figure for the whole of this Medical Division was only 65% for the year, the uptake of Gas and Air Analgesia in Conisbrough is relatively high.

Supplies of Pethidine Hydrochloride for use by midwives at confinements are issued by me under the Dangerous Drugs Regulations.

(v) Care of the Premature Infant

Five premature babies, four of which were born alive, were delivered in the domiciliary practice of Midwives in your District during the year, and the average weight at birth of the live babies was 4 lbs. 10 ozs. One died after transfer to hospital.

One set of premature twins were delivered on the District and reared successfully at home after being nursed in Sorrento Cots. These cots are delivered by ambulance to the homes of expectant mothers who go into premature labour, the cots being warmed by hot water bottles ready to receive low-weight babies at the moment of birth. Special feeders, baby clothes, oxygen cylinders, etc., accompany the cot.

The following are details of the number of days and the number of visits paid by the Midwife to the premature twins:—

Locality	Date of Birth	Birth Weight lbs. ozs.	No. of Visits by Midwife	Days Nursed in Cot
Conisbrough	18.12.53	5 0 4 0	65	40

In the domiciliary practice of Midwives in the whole of this Division, the survival rate of premature babies compares favourably with similar hospital confinements and the average survival rate for all premature infants during 1953 was 87%.

4. Vaccination and Immunisation

Facilities are available at both Child Welfare Centres in your District for the immunisation of children against Diphtheria and Vaccination against Smallpox. Immunisation sessions which are in the charge of Dr. H. F. Lindsay are as follows:—

Child Welfare Centre, Church Road, Denaby Main
Tuesday, 1.30 p.m. to 4.30 p.m.

Child Welfare Centre, Gardens Lane, Conisbrough
Monday, 2.00 p.m. to 4.30 p.m.

Immunisation against Diphtheria and vaccination against Smallpox is also undertaken by each family doctor in the District.

As a result of the immunisation scheme conducted in the schools, it will be seen from the Table overleaf that nearly 85% of all children between the ages of 5 and 14 years have been protected against Diphtheria. The most disappointing factor, however, is that only 644 children under 5 years of age have been protected out of a total estimated population in this age group of 1,406, i.e., 45.8%.

STATISTICS RELATING TO DIPHTHERIA IMMUNISATION AND VACCINATION

FOR YEAR ENDED 31st DECEMBER, 1953

DIPHTHERIA IMMUNISATION

Urban District	No. of Children Immunised in 1953			Booster Doses in 1953	No. of Children Immunised at any time up to 31/12/53			Estimated mid-year population in 1953			Percentage Rate	
	under 5 yrs.	5-14 years	Total		under 5 yrs.	5-14 years	Total	under 5 yrs.	5-14 years	Total		
Conisbrough U.D.	184	159	343	371	644	2709	3353	1406	3200	4606	45·8	72·7

VACCINATION

Conisbrough U.D.	Under 1 yr. 1953	1-4 years 1947-50	5-14 years 1937-46	15 years and over	Total
Primary	16	1	2	9	28
Re-Vaccination	—	—	—	14	14

As in my previous Reports, I can only stress that the correct age for parents to have their children immunised is about eight months, and the aim should be to have all children protected by their first birthday. It is a source of anxiety to know that more than half the children from your District under school age are as open to the dangers of a Diphtheria epidemic as children were in the years before the war.

The scheme for immunisation of children against Whooping Cough was continued during 1953, and facilities for this are available at the Child Welfare Centres at the times stated above.

The scheme also provides for General Practitioners to undertake this service.

One hundred and twenty children received protection against Whooping Cough in your District during 1953 but, of course, immunisation against this disease must remain secondary to protection against Diphtheria.

It is interesting to note that only 16 children under one year of age were vaccinated against Smallpox during 1953, and here again it should be emphasized that primary vaccination in infancy is much less likely to be followed by complications than if it is undertaken, say during adolescence or later life.

5. Section 28. Prevention of Illness — Care and After-Care.

Hospital After-Care

With the resignation of Miss W. J. Bailey in May, 1953, the task of arranging hospital after-care for cases discharged from the Montagu Hospital, Mexborough, was taken over by Miss D. M. E. Goldthorpe.

Miss Goldthorpe especially reports on the good co-operation she has received from the medical and nursing staff at the hospital, and she has also had the opportunity of meeting the Rehabilitation Officer at least once during a month to discuss the various cases which may require assistance. Two such cases were assisted during the year as a result of these meetings.

Details of socio-medical conditions in the homes of patients were requested by the Hospital Authorities in respect of 217 cases, and 181 completed forms were returned to the hospital in this respect.

During their stay in hospital, 115 patients were interviewed, whilst 255 were given assistance through this department after leaving hospital in 1953.

The main service provided to patients discharged from hospital is in the form of advice and help from the Health Visitor, and there were 209 of these cases dealt with. In 34 cases arrangements were made for the attendance of the Home Nurse, and at a further 10 households, domestic help was provided.

By means of this After-Care Service it is possible to obtain information regarding infants under one year of age, school children, and provide greater care and supervision in the home for sick elderly people. The family doctor concerned is provided with information regarding the discharge of patients from hospital, and of any action which has been requested for the after-care of the patient. The After-Care Service also ensures that the maximum value of hospital treatment is maintained by the Public Health Services.

6. Section 47. National Assistance Act, 1948

No report was made by me to the Council under this Section during 1953.

7. Home Help Service

During 1953, 101 families in your District were provided with assistance through the Home Help Service, compared with 90 cases in 1952, and 89 and 87 in 1951 and 1950, respectively.

These cases were made up as follows:—

	1953	1952	1951	1950
Illness and care of children of school age	14	13	22	25
Tuberculosis	2	5	1	1
Lying-in and care of expectant mothers	5	9	14	28
Aged sick and infirm ...	80	63	52	33

It will be seen from the comparative figures for the previous three years that the increase in the provision of domestic help in the homes of aged sick and aged infirm persons continues, and it is considered that this is the most effective means of providing care and attention for these aged persons. As it is estimated that over 10% of the population of your District consist of men over 65 and women over 60, it is anticipated that there will be still further increases in the number of old people who will require the assistance of home helps.

In the whole of this Division during 1953, the total number of families assisted by the Domestic Help Service increased by 57 cases over 1952 to a total of 394, and the number of hours worked by home helps has correspondingly increased.

8. School Health Service

Dr. H. F. Lindsay has made the following observations on the School Health Service in your District:—

“ During the year the general health of the school child has been well maintained.

“ There was, however, a small outbreak of Impetigo and this proved to be somewhat more intractable than it has been in the past. This seems to have been the general finding throughout the country.

“ One school had a case of active Tuberculosis of the lungs, and all the close school contacts had a tuberculin skin test. The few found to have positive reactions had a chest X-ray but no sign of any lung disease was found.

Immunisation against Diphtheria

“ There were very few refusals for a booster dose among the entrants or the junior leavers. Quite a number were immunised for the first time. The presence of the parent at the first medical examination affords an opportunity to urge the immunisation in babyhood of any younger members of the family. All mothers of babies are requested to have them immunised at clinic or by their own doctor, but there are still far too many who will not take the little trouble required and prefer to wait until their children enter school, thus leaving them unprotected during the first five vital years.

Glasses

“ Many children continue to be very careless with their spectacles and either lose them or get them broken. Many others are frequently found in school without them. Head teachers have increased their co-operation in this respect and have become more alive to the benefit to be derived from the wearing of suitable glasses when there is need for them. So many frames come adrift at the side jointing that there seems need for something stronger for the school child.

Educationally Sub-Normal Children

“ The sanction of the parents of these children for admission to a boarding school for educationally sub-normal children is still something very difficult to obtain. It is in most cases impossible to convince them of the many benefits to the child which such a school can confer, and one so often feels that the child is sacrificed to their own selfish desire to keep the child at home. At present so many of these children are by necessity allowed to remain in the ordinary school when they derive little benefit, and the only solution seems to be the provision of more day special schools for these children in their own districts.

“ In conclusion, I do feel that there is constant up-building in the general health and well-being of the school child.”

SECTION C

Prevalence and Control over Infectious Diseases

(i) Notifiable Diseases other than Tuberculosis

The following Tables show that during the year ended 31st December, 1953, there was again, as in 1951, an outbreak of Measles.

It was in a mild form, however, and no deaths were recorded.

The number of Whooping Cough cases showed an increase of nine over 1952 and Scarlet Fever also showed an increase over the previous year.

Although three cases were provisionally notified as Diphtheria, none of these cases were confirmed, and there were again no deaths from this disease.

Five cases of Food Poisoning were notified in your District during the year, four of which were confirmed, and after intensive investigations by Mr. Ingleby and his staff it was found that these cases were associated with an outbreak outside the District.

It is pleasing to note that no cases of Acute Poliomyelitis were notified in your District during the year under review.

It is anticipated that with the more intensive use of the scheme of immunisation against Whooping Cough, the incidence of this disease will become more stable in future years.

INFECTIOUS DISEASES

Notifiable Diseases (other than Tuberculosis) during 1953

Conisbrough

Disease	Total Cases Notified	Cases after Correction	Cases admitted to Hospital	Deaths
Scarlet Fever ..	31	30	15	—
Whooping Cough ..	39	39	1	—
Measles	217	217	—	—
Diphtheria	3	—	3	—
Pneumonia	4	5	1	—
Meningococcal Infection	2	1	2	—
Food Poisoning ..	5	4	4	—
Puerperal Pyrexia ..	6	6	5	—

INFECTIOUS DISEASES (CORRECTED) 1953

Age Distribution—Conisbrough

AGE	Scarlet Fever	Whooping Cough	Measles	Pneumonia	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia
Under 1 year ..	—	6	19	2	—	1	—
1— 3 years ..	4	6	54	1	—	—	—
3— 5 „ ..	2	13	76	—	1	—	—
5—10 „ ..	22	13	66	—	—	—	—
10—15 „ ..	1	—	1	—	—	—	—
15—35 „ ..	1	—	1	—	—	1	6
35—45 „ ..	—	1	—	1	—	2	—
45—65 „ ..	—	—	—	—	—	—	—
65 and over ..	—	—	—	1	—	—	—
TOTAL ..	30	39	217	5	1	4	6

In 1953, 19 fresh cases of Tuberculosis were notified, 17 of which were Pulmonary. This represents a decrease of 10 over 1952 when 27 Pulmonary cases and two Non-Pulmonary cases were notified. It is also the lowest number of notifications received since 1947.

Five persons suffering from Pulmonary Tuberculosis died in 1953, but there were no deaths reported from other forms of Tuberculosis for the second year in succession.

It will be noted from the Tables at the end of this Section that there has, in recent years, been a decline in the number of deaths from Tuberculosis. This can be attributed to the fact that modern drugs are lengthening the life of tuberculosis patients, but unless every precaution is taken, they are liable to spread the infection.

The increase in the number of new notifications is probably due to contact tracing, and the activities of the Mass Radiography Units, whereby new cases are detected earlier than in former years.

In the year under review six males and five female cases resident in your District were admitted to sanatorium and it has been noted that although the waiting period for female adults is reasonably short, there is still a two to three months waiting period for males.

Under the scheme provided by Local Authorities, extra nourishment in the form of two pints of milk per day was granted to 38 patients on your District, and in addition two were supplied with bed and/or bedding to enable arrangements to be made at home for their segregation from other members of the family.

It is proposed, in the near future, to hand over the health visiting commitments of patients suffering from Tuberculosis to the All Purpose Health Visitor, and I rate this part of the Health Visitor's duties comes secondary in importance to the prevention of infant wastage.

It is hoped to arrange for a further visit of the Mass Miniature Radiography Unit to your District in 1954.

Finally I append below, for comparison, statistics showing the number of deaths from Tuberculosis and the number of new notifications of Tuberculosis in your District since 1933.

Deaths from Tuberculosis

Year	Conisbrough U.D.	
	Pulmonary	Non-Pul.
1953	5	—
1952	4	—
1951	5	2
1950	11	1
1949	9	1
1948	10	3
1947	15	2
1946	13	—
1945	7	2
1944	9	—
1943	14	1
1942	7	4
1941	13	3
1940	10	—
1939	14	1
1938	2	3
1937	13	1
1936	14	3
1935	7	—
1934	11	3
1933	8	3

Notification of Tuberculosis (New Cases)—Conisbrough U.D.

Year	Conisbrough U.D.	
	Pulmonary	Non-Pul.
1953	17	2
1952	27	2
1951	19	2
1950	24	5
1949	17	7
1948	15	7
1947	12	3
1946	16	3
1945	8	1
1944	13	4
1943	—	—
1942	—	—
1941	15	3
1940	12	3
1939	15	4
1938	19	4
1937	20	2
1936	23	5
1935	12	2
1934	23	5
1933	23	6

The Chest Clinic, with X-ray facilities, was opened at Whateley House, Cemetery Road, Mexborough, during September, and I am sure that these amenities will prove a valuable step forward in the control of Tuberculosis.

It has been noted that there has been better attendance of contacts at the Clinic and there appears to be a gradual change in the outlook of persons suffering from Tuberculosis, although there still remains some stigma attached to the disease.

Tuberculosis is a disease in which the patient can feel physically well, and this condition is not a true indication of their state of health. Consequently they tend to ignore the advice offered to them.

The following Tables show the age groups in which new cases of, and deaths from, Tuberculosis were notified during 1953:—

TUBERCULOSIS

New Cases and Mortality During 1953

NEW CASES

Age Periods			Pulmonary		Non-Pulmonary	
Years			M.	F.	M.	F.
0—1	..	..	—	—	—	—
1—5	..	..	—	1	1	—
6—15	..	..	—	—	—	1
16—25	..	..	—	4	—	—
26—35	..	..	1	1	—	—
36—45	..	..	3	1	—	—
46—55	..	..	4	—	—	—
56—65	..	..	2	—	—	—
66 and over	..	..	—	—	—	—
TOTALS	..	..	10	7	1	1

DEATHS

Age Periods			Pulmonary		Non-Pulmonary	
Years			M.	F.	M.	F.
0—1	..	..	—	—	—	—
1—5	..	..	—	—	—	—
6—15	..	..	—	—	—	—
16—25	..	..	—	—	—	—
26—35	..	..	—	—	—	—
36—45	..	..	—	—	—	—
46—55	..	..	—	—	—	—
56—65	..	..	4	—	—	—
66 and over	..	..	1	—	—	—
TOTALS	..		5	—	—	—

CONISBROUGH URBAN DISTRICT COUNCIL

ANNUAL REPORT OF THE SANITARY INSPECTOR for the year ending 31st December, 1953

**To the Chairman and Members of the Conisbrough Urban
District Council**

Mr. Chairman and Gentlemen,

It is a pleasant privilege to report to you upon the work done in my Department during the year.

May I thank the Council for the help and consideration they have given me during the year, and my thanks also are extended to the Medical Officer of Health, Dr. J. Leiper, and his Staff, my own Staff who have given me their co-operative efforts during the year, and to Mr. Birch the Clerk of the Council who has retired during the year, and his successor Mr. Edwardson, and the other officers who have assisted me in the execution of public health matters within the district.

It is very much regretted that privately-owned property is being allowed to continue deteriorating. One did anticipate, especially in view of the present housing shortage, an endeavour to be made to retain this property in view of the anticipated provisions of the Housing Repairs Bill to produce a more economical rent. Upon reflection, however, there may be some apathy, which has previously been manifested by the action of private landlords, or should one say inaction, of making use of the Improvements Grants under the 1949 Housing Act.

The National Coal Board, however, has carried out extensive improvements to the Denaby property, and the new National Coal Board Housing Estate, together with the Urban District Council's own efforts, should alleviate a considerable portion of the housing problem during the next few years. It is not anticipated, however, that even these efforts will exhaust the housing waiting list, and the policy of Slum Clearance, unless carried out methodically, would result in the housing waiting list becoming again unwieldly.

In view of the private landlords inaction with regard to their property, it would appear high time that a policy of Slum Clearance and individual demolition should be undertaken from a progressive point of view, but again, the number of older people who are inclined to cling to this type of property is a factor that causes some food for thought. Another factor is probably the rent factor, and the majority of the few persons who have obtained houses through the action of the Council with individual demolition have, within a very short time of taking up residence in the new houses, applied to the Council to take in lodgers. This factor again has manifested itself when people have been rehoused off the housing list, and latterly, application has been made before tenancy has commenced, for an exchange into the older type of property which is less expensive in rent. It would appear that when rent reaches the figure of £1 or over per week, this is the maximum that the public in this area is prepared to pay. Probably, the prevalence of modern labour saving devices, which may be bought on hire-purchase, is having some effect upon this figure.

Inspectorial Staff

Senior Sanitary Inspector and Public Cleansing Officer:
R. E. INGLEBY, A.R.S.I., M.S.I.A., R.P.C.

Additional Sanitary Inspector:
K. C. McCUTCHEON, Cert.S.I.B., M.S.I.A.

Clerical Assistant and Pupil Sanitary Inspector:
H. L. CHESHIRE

Chief Clerk: Mrs. R. WILLIS

Mr. McCutcheon commenced his duties on the 1st March, 1953, having previously been employed by the Fermanagh County Health Committee, Northern Ireland.

The salaries of the Senior Sanitary Inspector and the Additional Sanitary Inspector are contributed to by grants from the Ministry of Health.

WATER SUPPLIES

The supplies to this district are obtained from deep wells, the water being obtained from the Doncaster and Tickhill Joint Water Board and the National Coal Board, domestic supplies being delivered to the houses out of the rising service mains in the majority of cases. A small service reservoir, situate in Conisbrough, does supply one part of the district, whilst Denaby receives its supply direct from the National Coal Board who are the Water Authority for that area.

Supplies had to be curtailed slightly during the summer period of this year, and the Council is endeavouring to obtain a new agreement with the Doncaster and Tickhill Joint Water Board for increased supplies to enable a sufficiency to be available over the period when the anticipated housing projects are brought to fruition.

Purification

The National Coal Board supply receives a softening treatment, this also includes a chlorination and filtration treatment prior to distribution. Further treatment by the Local Authority is not undertaken. Doncaster and Tickhill Joint Water Board supply does not receive any treatment.

Bacteriological and Chemical Analysis

Thirty-five samples of water were submitted for analysis this year by the Local Authority and the National Coal Board, 29 for bacteriological analysis, and six for plumbo-solvency analysis. All bacteriological samples were satisfactory, and so were the six samples for plumbo-solvency.

Drains and Sewerage

Extensions are still being made to the sewers at the Windmill Farm Site. The National Coal Board's Housing site of 354 houses on the Ellershaw Road Estate is causing an extension to be made in this district. Again, the dual system of drainage is being installed.

Closet Accommodation

There are at the present time within the district the following forms of sanitary conveniences:—

Privies with covered middens	...	...	...	...	...	10
Tubs or Pail Closets	...	...	...	...	...	2
Water Closets	...	...	...	...	...	5,371
Waste Water Closets	...	...	...	...	...	27

Unfortunately, the most undesirable type of conveniences are situate considerable distances from the sewers in the district and in some cases the level of the convenience is below the level of the sewer.

River and Streams

The Council studied the request of the Rivers Board with regard to the inability of the Denaby Sewage Works to cope with the quantity of sewage being delivered, and the Surveyor is undertaking the preparation work for the extension of these Sewage Works.

The stream known as Kearsley Brook has been culverted over where it runs through the land belonging to the X.L. Crisp Co., Ltd., Sheffield Road, Conisbrough.

Smoke Abatement

The decision of the Council has much to commend it in that it is intended to instal Atmospheric Pollution Recording Equipment within the district. Although this equipment will not be available until early next year, it will then be possible to quote figures as to the actual amount of pollution occurring regarding deposited matter and the acidity of the atmosphere. Industrial users, notably the National Coal Board, appear to be the main offenders at the present time, although the Brick Yard is causing some consternation. Electrification of the power plant at this latter industry which has been promised, it is hoped, will mitigate much of the nuisance, but so long as bricks are burned by continuous kiln process, a certain amount of smoke must be expected.

At a meeting between the Council and Officials of the National Coal Board, the latter gave assurance that an improvement will be effected under the £3½ million scheme which was discussed at the meeting between these two authorities in May. The power changeover, however, is not envisaged as an early part of the scheme, and it is dependent upon the British Electricity Authority extending its works at Mexborough.

The National Coal Board project will take about 3½ years, and it would appear that there is no early solution to this problem.

The development of the new National Coal Board Scheme and power-driven mining equipment could, at this stage if put into operation, further aggravate the position, and from smoke observations taken at the latter end of the year this would appear to be materialising. This matter will have to be given further attention.

Domestic smoke should show an improvement with the National Coal Board installing the new modern type of ranges, in place of the old-fashioned type. This policy, unfortunately, in regard to council houses, has not yet come into fruition primarily due to the inability to obtain building labour.

Sanitary Inspection of the District

During the year, the following inspections were made:—

General inspections as to complaints	1,069
Housing Repairs and House Letting matters	911
Matters appertaining to Food	512
Inspection of:—	
Factories	51
Temporary Dwellings, etc.	6
Schools	20
Cinemas and Licensed Premises	7
I.D. Prevention and Disinfection	101
Rodent Control	45
Refuse Collection and Disposal	127
Drainage Matters	153
Water Supply	24
Miscellaneous Sanitary Visits	218
Interviews re Sanitary Matters	138
No Access	130
Housing	911
Slaughterhouses	35
Bakeries	5
Meat Shops, Vans, etc.	33
Grocers' Shops	107
Greengrocers and Fish Shops	22
Dairies and Retailers of Milk	8
Ice Cream Premises and Vans	16
Food Preparing Premises	21
Markets	170
Hawkers	20
Fish and Chip Shops	1
Miscellaneous Food Visits	77
Shop Inspections for purposes under the Act	46
	<hr/>
	2,492

The following statement shows the nuisances abated and the defects rectified during the year, but which do not record any repairs to Council's own property.

List of Nuisances, Etc., Abated

Drainage

Obstructions removed and drainage repaired	16
Drainage relaid or renewed or extended	1
New Gullies provided	1
Rainwater drainage repaired or renewed	35
Sink waste pipes repaired	10
Insanitary sinks replaced	10
W.C.'s repaired	23

Repairs to Premises

Chimneys rebuilt or pointed	26
Roofs repaired	45
Exterior walls repaired and/or pointed	66
Ceiling Plaster repaired	76
Wallplaster repaired	82
Defective flues repaired	2
Fire Ranges and Coppers repaired	65
Internal floors repaired or replaced	37
Repairs to stairs, handrails, doors and internal wooden fittings	102
Insufficient and/or defective ventilation	7
Repaired yards, etc.	12
Unsatisfactory water supply	12
Dirty Premises	2
Verminous Premises	26
Rodent infested premises visited	27
Miscellaneous matters	107

HOUSING

An indication of the work done in connection with this subject can be obtained from the following statistics:—

Number of dwelling houses in the district	4,431
Number of back-to-back houses included in above ...	Nil

1. Inspection of dwelling houses during the year:—

(1) (a) Total number of dwelling houses inspected for housing defects (Under Public Health or Housing Acts)	487
(b) Number of inspections made for the purpose ...	562
(2) (a) Number of dwelling houses (included under sub. head (1) above) which were inspected and recorded under the Housing Consolidated Regulations	17
(b) Number of inspections made for the purpose ...	34
(3) Number of dwelling houses needing further action:—	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	17
(b) Number (excluding those in sub. head (3) (a) above) found not to be in all respects reasonably fit for human habitation	160

2. Remedy of defects during the year without service of formal notices:—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	63
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3. Action under Statutory Powers during the year:

A. Proceedings under Section 9, 10 and 16, Housing Act, 1936

(1) Number of dwelling houses in respect of which notices were served requiring repairs	3
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(2) Number of dwelling houses which were rendered fit after service of formal notices:—

(a) By Owners	2
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(b) By Local Authority	Nil
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B. Proceedings under the Public Health Acts:—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	...	31
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(2) Number of dwelling houses in which defects were remedied after service of formal notices:—

(a) By Owners	12
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(b) By Local Authority in default of Owners	...	Nil
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C. Proceedings under Section 11 and 13 of the Housing Act, 1936:—

(1) Number of representations, etc., made in respect of dwelling houses unfit for habitation	6
--	--------	---

(2) Number of dwelling houses in respect of which Demolition Orders were made (Undertakings accepted in 3 cases)	1
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(3) Number of dwelling houses demolished in pursuance of Demolition Orders	5
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D. Proceedings under Section 12 of the Housing Act, 1936:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
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(2) Number of separate tenements or underground rooms the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	Nil
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4. Housing Act, 1936—Part IV—Overcrowding

(a) (1) Number of dwellings overcrowded at the end of the year	Not Known
(2) Number of families dwelling therein	...	...	...	...	...	Not Known
(3) Number of persons dwelling therein	...	...	...	...	...	Not Known
(b) Number of new cases of overcrowding reported during the year	...	...	...	...	...	1
(c) (1) Number of cases of overcrowding relieved during the year	...	...	...	...	...	88
(2) Number of persons concerned in such cases	...	...	...	...	...	194

5. New Houses

Number of new houses provided during the year:—

By Local Authority:

Permanent type	...	...	...	...	...	88
Temporary type	...	...	...	...	...	Nil
By Private Enterprise	...	...	...	...	...	5

6. Housing Act, 1949

Any action in connection with Section 20, "Grants to persons other than local authorities for improvement of housing accommodation"	Nil
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Subsidence Damage

This problem is increasing within the area, and has been most noticeable on Council's Housing Estates. It has also done extensive damage to the Conisbrough Secondary Modern School and caused the West Riding County Council to relay the whole of the drainage to this school which was found, upon inspection, to be serving no useful purpose at all.

Eradication of Bed Bugs

Ten cases of infested premises were encountered during the year, and in all cases, this condition has been eradicated.

Tents, Vans and Sheds

Number in the district — 5.

Factories

Premises	No. on Register	Number of		
		Inspec- tions	Written Notices	Occupiers Prosecuted
(1) Factories in which Sec. 1, 2, 3, 4, and 6 are to be enforced by the Local Auth.	12	9	—	—
(2) Factories not included in (1) in which Sec. 7 is enforced by the Local Auth.	34	42	2	—
(3) Other premises in which Sec. 7 is enforced by the Local Auth. (excluding outworkers)	—	5	—	—
TOTAL	46	56	2	—

Cases in which Defects were found

	Found	Remedied	Referred to H.M. Inspector	By H.M. Inspector Prosecutions
Sanitary Conveniences ..	2	2	—	—
Insufficient, unsuitable or defective	—	—	—	—
Not separate for sexes ..	—	—	—	—
TOTAL	2	2	—	—

FOOD

As a result of inspections under this section of the work, Council found it necessary to warn one retailer regarding the sale of meat pies, and to prosecute another for selling a loaf of bread containing a mouse. Warranty was pleaded successfully, the manufacturers accepting the blame but offering no explanation. A nominal fine was imposed. A successful prosecution was also obtained against a hawker of Ice Cream. Hawking of food in the district is still a major problem, "week-end" hawkers are the most serious source of trouble, especially the "Sunday people." The local hawker usually carries out the regulations very well, and the standard adopted by the Local Authority with regard to this business has resulted in cleaner food reaching the inhabitants of the district.

Mice infestation is still a problem in certain retailing premises, and it is not until "pussy" is beaten with the problem that any complaint is laid to the Local Authority. This usually results in not only a treatment bill, but also a list of works as a preventive measure against future infestation.

Milk Supply

The total number of people retailing milk in the area is 47. The majority are selling sterilised milk from the general mixed business premises. Supplementary Dealers Licences for the sale of milk are as follows:—

Milk (Special Designation) (Raw Milk) Regulations 1949

Tuberculin Tested Milk	1
Tuberculin Tested Milk Accredited ...	7

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949

Pasteurised Milk	5
Sterilised Milk	3

Fifty-four samples of milk were submitted to the Public Health Laboratory Service for examination with regard to their keeping qualities, etc. These were found to be satisfactory.

Meat and Other Foods

Complaint has been laid during the year against dirty beasts' heads being allocated to the district. This matter was taken up with the allocation officer, and an improvement effected. Local slaughtering of home fed pigs is still undertaken, and the following is a summary of the animals killed. There was no generalised tuberculosis encountered. There are two slaughterhouses within the district which are at present licenced for slaughtering pigs.

	Cattle exclud. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	nil	nil	nil	nil	not known
Number Inspected	nil	nil	nil	nil	50
All diseases except Tuberculosis. Whole carcasses condemned ..	nil	nil	nil	nil	nil
Carcases of which some portion or organ was con- demned	nil	nil	nil	nil	8
Percentage of num- ber inspected affected with dis- eases other than Tuberculosis ..	nil	nil	nil	nil	2%
Tuberculosis only. Whole carcasses condemned ..	nil	nil	nil	nil	nil
Carcases of which some part or or- gan was condemned	nil	nil	nil	nil	8
Percentage of num- ber inspected af- fected with Tuber- culosis	nil	nil	nil	nil	16%

Ice Cream, Etc.

There are at present 36 shops registered for the sale of wrapped Ice Cream, and the standard of this commodity is high. Except for the previously mentioned hawker, no trouble was experienced from the sale of this commodity when hawked. One finds that with the Ice Cream business, the majority of people are now selling wrapped Lollipops which are produced outside this area. The results of sampling are as follows:—

Of 4 samples of Ice Cream submitted, 3 were grade 1 and 1 grade 2.

Four samples of Lollipops were submitted to the Public Health Laboratory Service with regard to cleanliness and these were satisfactory.

Food Poisoning Outbreaks

There were two cases of Sonne Dysentery during the year which were confined to the younger members of two families.

One outbreak of food poisoning was experienced which affected four families, and this was eventually traced to a source outside the urban area. The intensity of the duration of the complaint varied with the persons affected, but there were no deaths.

Clean Food Campaign

No campaign has been officially launched by the Council regarding this matter.

Seizure of Unsound Food

It has not been found necessary to take legal action under the above provisions of the Food and Drugs Act, 1938, but the following quantities of food have been surrendered and condemned during the year:—

70½ lbs. Sausages	39 Cartons Synthetic	2 Tins Rhubarb
65½ lbs. Luncheon Meat	Cream	3 Tins Apples
45½ lbs. Cooked Ham	73 Tins Unsweetened	4 Tins Bilberries
9½ lbs. Tongue	Milk	3 Tins Pineapple Slices
6½ lbs. Corned Beef	19 Tins Sweetened Milk	4 Tins Cherries
6¼ lbs. Udder	30 Tins Peas	2 Tins Apricots
11¾ lbs. Boned Beef	122 Tins Beans	22 lbs. Jam
42 lbs. Rice	3 Tins Carrots	2 Tins Jam
96 Eggs	2 Tins Pilchards	5 Jars Marmalade
21½ lbs. Cheese	14 Tins Sardines	1 Jar Lemon Curd
223 Tins Tomatoes	2 Jars Pickles	1 Bottle Coffee
7 Tins Stewed Steak	1 Jar Salad Cream	1 pkt. Ground Rice
9 Tins Meat	17 Tins Strawberries	4 pkts. Force meat
2 Tins Jellied Veal	108 Tins Plums	34 Tins Mustard
3 Tins Ox Tongue	1 Jar Plums	11 pkts. Suet
2 Tins Meat Loaf	31 Tins Damsons	1 Bottle Lucozade
2 Tins Luncheon Meat	4 Tins Grapes	10 Tins Soup
5 Tins Lobster	53 Tins Prunes	1 Tin Tomato Juice
3 Tins Salmon	7 Jars Pears	1 Bottle Tomato Sauce
1 Tin Herring Roes	4 Tins Pears	1 Jar Chutney
6 Tins Anchovies	6 Tins Oranges	6 Tins Butter Beans
45½ doz. Beef Cubes	6 Tins Sliced Peaches	3 Jars Beetroot
30 lbs. Flour	4 Tins Grapefruit	3 Tins Beetroot
9 Christmas Puddings	23 Tins Greengages	3 pkts. Seasoning
		3 pkts. Stuffing

Sampling of Other Foods

Informal sampling of the following foods has taken place during the year:—

Vinegar Pepper Ground Rice Orange Drink

These were all found to be genuine and satisfactory.

Rodent Control

This service has expanded with the free treatment offered to householders, and one can state that the Operator's endeavours to minimise this pest are showing results. The following is a brief summary of the premises inspected, and treated, and the density of the infestations:—

Premises Treated	Visits Paid	Rat Infest.		Mice Infest.		
		Major	Minor	Reservoir	Major	Minor
920	1,929	53	113	2	91	1

Estimated kill of Rats was 1,203, and bodies recovered 543.
In the case of Mice the estimated kill is unknown.

PUBLIC CLEANSING

Collection

This service has expanded due to the housing programme. Modern housing density of 12 or 14 to the acre against the older property of 60 to the acre is resulting in more time being spent on the collection of bins. A man is walking three or four times as much to collect and replace a bin compared with what he does in the older property. It will be necessary to implement this service with extra staff and a vehicle (part-time) next year. Another factor causing time loss and insanitary conditions is the inadequacy of bin replacement to privately owned property. The Council consider that the Law with regard to the replacement of bins leaves much to be desired, and the employees are continually complaining of the medium used by residents in such property for the disposal of refuse, ashes and garbage. A further factor of equal importance is the fact that such receptacles are veritable breeding grounds for flies during the summer weather, and provide excellent scavenging for rodents at all times of the year.

Disposal

The estimated weight of refuse deposited at the Sheffield Road Tip during the year was 10,244 tons. The Angledozer was unfit for use during the latter half of the year resulting in a quantity of top soil being covered with refuse and lost for future covering purposes. Manual means were again resorted to which again proved to be more costly both in actual time cost and time lost through vehicles being stuck on the tip.

Treatment for Crickets has again been found to be a very necessary expenditure, but it is hoped that by doing an early treatment in the year, this nuisance will be reduced to a minimum.

HOUSE REFUSE COLLECTION AND DISPOSAL

Total Cost of Collection and Disposal of the Town's refuse is as follows:—

	£	s.	d.
Refuse Collection and Disposal	...	8726	0 0
Salvage	...	565	0 0
Net Cost	...	£8,161	0 0

Est. Pop.	No. of Weekly Collections House Trade	Method of Collection	Method of Disposal	Collection and Disposal Costs							
				Total Cost	Total Tons (est.)	No. of Houses	Cost per Ton	Cost per House	Cost per 1000 Houses	Cost per head of Population	Cost 1000 head of Population
16,580	1	One 7 cu. yds. and One 10 cu. yds. One 15 cu. yds. Two latter vehicles are Dustbin loading.	Controlled Tip	£8,161	10,244	4,431	15/0½d.	£1·84	£1,841	9/1½d.	£492

Salvage

Revenue from this source persisted in declining in price. Because of the far-sightedness of the Council in taking up a contract with Thames Board Mills for waste paper, we were more fortunate than certain other authorities. Although our supply was limited by the purchaser's demands, we did have a source of outlet when other authorities had to burn their waste paper. The total revenue from salvage was £565 14s. 1d.

I am, Sirs,

Your Obedient Servant,

R. E. INGLEBY,

Senior Sanitary Inspector.

Dearne Valley Printers,
Wath-upon-Dearne
